

Online Application Form for STEM Participants

Personal Details							
Course Applied for	STEM			Full Name			
Address							
City			State			PIN	
DOB	(DD/MM/YYYY)		Age as on 15 th November 2024	Years	Months	Days	
Gender		Category			Nationality		
Mobile No.			Email Id				
ID Proof			ID Proof No.				

Educational Qualification						
Degree/Class	Year	Course	Board/University	Subjects	Percentage	Division
Ph.D (if any)						
Post-Graduate (if any)						
Graduate						
XII						
X						
Others (if any)						

Other Courses & Certifications	
1	
2	
3	

Work Experience					
Name of the Organization/Institute	Designation	Period (from – to)	No. of Months	Brief Job Description	Remuneration (Per Month in INR)

Entrepreneurial Experience (if any)

Business Name	Sector	Period (from – to)	No. of Months	Achievements and challenges faced	Annual Turnover/ RoI (In Lakhs INR)

Statement of Purpose

1. Why do you want to participate in the Skill to Enterprise Model Program? (200-300 words)

2. Describe your entrepreneurial aspirations. How do you plan to utilize the knowledge from this program to build or grow your business in the Northeastern Region? (200-300 words)

3. What do you believe are the unique business opportunities in NER and how do you plan to contribute to them?

Business Idea

1. Do you currently have a business idea or start up plan? (Yes/ No) If Yes, please provide a brief description of your business idea?

2. Business Name (if applicable)

3. Stage of Development (Ideation/ Early Stage/ Growth Stage)

4. Target Sector/ Industry

5. Target Market

6. Revenue Model

7. What problem(s) does your business or business idea address? (150-250 words)

8. Describe the potential market size and your business growth plan. (150-250 words)

References	
Referee 1	Referee 2
Name:	Name:
Designation:	Designation:
Organization:	Organization:
Contact Number:	Contact Number:
Email:	Email:

Additional Information
How did you hear about this program? (National Daily/ social media/ IIM Shillong Website/ Others)

Declaration
I certify that the above information is true, complete and accurate to the best of my knowledge and belief. I understand and acknowledge that any false statement knowingly made or withholding of any relevant information may result in the withdrawal of my application.
I Agree

Place	
Date	

Name	
------	--